

Fill in this information to identify the case:

Debtor name Provell Pharmaceuticals, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA

Case number (if known) 25-11308 (DJB)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Clarke, Nicolini & Associates, Ltd. 1240 West Chester Pk, Suite 202 West Chester, PA 19382 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Fee for preparation of 2024 taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$0.00
3.2	Nonpriority creditor's name and mailing address Comcast Business PO Box 70219 Philadelphia, PA 19176-0219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Internet services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$309.95
3.3	Nonpriority creditor's name and mailing address Crystal Springs PO Box 660579 Dallas, TX 75266-0579 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Bottled water</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$58.67
3.4	Nonpriority creditor's name and mailing address Econdisc Contracting Solutions LLC co The Corporation Truste Company Corporation Trust Center 1209 Orange St. Wilmington, DE 19801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$113.52

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3.5	Nonpriority creditor's name and mailing address Erie Insurance Exchange 100 Erie Ins. Pl. Erie, PA 16530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,136.84
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3.6	Nonpriority creditor's name and mailing address Honor Capital PO Box 829522 Pembroke Pines, FL 33082 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,655.27
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3.7	Nonpriority creditor's name and mailing address Horseshoe Realty, LLC 1015 S 50th Street Tampa, FL 33619 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,500.00
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3.8	Nonpriority creditor's name and mailing address ICON 2215 Anthony Ave. Broomall, PA 19008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,269.23
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3.9	Nonpriority creditor's name and mailing address ICON Marketing/SHS 2215 Anthony Ave. Broomall, PA 19008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115,000.00
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3.10	Nonpriority creditor's name and mailing address Kansas City Life Insurance Co. P.O. Box 219139 Kansas City, MO 64121-9139 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$813.75
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3.11	Nonpriority creditor's name and mailing address Lovell Government Services, Inc. 223 West Gregory Street Pensacola, FL 32502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$149.37
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3.12	Nonpriority creditor's name and mailing address Merck KGaA Frankfurter Str. 250 64293 Darmstadt Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,637,431.76
3.13	Nonpriority creditor's name and mailing address MMCAP Infuse 50 Sherburne Ave #112 Saint Paul, MN 55155 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.14
3.14	Nonpriority creditor's name and mailing address Pharma Solutions USA Inc. 705 Montgomery Ave. Suite 200 Penn Valley, PA 19072 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,899.13
3.15	Nonpriority creditor's name and mailing address PNC Financial Services Group The Tower at PNC Plaza 300 Fifth Avenue Pittsburgh, PA 15222-2401 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,750.99
3.16	Nonpriority creditor's name and mailing address RX Sourcing Strategies 16150 Main Circle Drive Suite 220 Chesterfield, MO 63017 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.93
3.17	Nonpriority creditor's name and mailing address Tracelink Life Sciences 200 Ballardvale Street Building 1, Suite 100 Wilmington, MA 01887 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,254.97
3.18	Nonpriority creditor's name and mailing address Trucks & Parts 1799 Horseshoe Pike Honey Brook, PA 19344 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$723.16

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3.19	Nonpriority creditor's name and mailing address UPS Supply Chain Solutions, Inc. 12380 Morris Road Alpharetta, GA 30005	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$73,944.49
	Date(s) debt was incurred	<input type="checkbox"/> Contingent	
	Last 4 digits of account number	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.20	Nonpriority creditor's name and mailing address Walgreens Boots Alliance, Inc. 108 Wilmot Road Deerfield, IL 60015	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$698.04
	Date(s) debt was incurred	<input type="checkbox"/> Contingent	
	Last 4 digits of account number	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
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Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 5,941,787.21
5c.	\$ 5,941,787.21